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May 23, 2019

Syed Hasan  
Office of Engineering and Technology  
Federal Communications Commission, Room 7-A445  
445 12th Street, SW  
Washington, DC 20554

**Re: In the Matter of Massachusetts Institute of Technology, Request for Waiver of Part 15 of the Commission's Rules Applicable to Ultra-Wideband Devices**

AARP respectfully submits this letter in response to the Request for Waiver of Part 15 of the Commission's Rules Applicable to Ultra-Wideband Devices, filed by Massachusetts Institute of Technology, dated December 27, 2018. Technologies and innovations such as those outlined in the requested waiver have the potential to provide scalable improvements in the quality of care for older Americans and their supporting caregivers. By 2035, the United States will, for the first time ever, be a country comprised of more older-adults than of children. The U.S. Census Bureau projects there will be 78 million people age 65 and over compared to 76.4 million under the age of 18.<sup>1</sup> This demographic change will bring both opportunities and challenges.

The number of people age 85 and older will increase from about 14 percent of the older population today to 21 percent in 2050.<sup>2</sup> This growth will increase pressure on healthcare providers to improve caregiving platforms and relevant enabling technologies. For example, falls are the leading cause of accidental death and injury in older adults.<sup>3</sup> With 30 percent of adults age 65 or older experiencing falls annually, the cost of such accidents is estimated at \$50 billion a year.<sup>4</sup> For nonfatal falls in adults

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<sup>1</sup> AARP, *Preparing for an Aging Population* <https://www.aarp.org/livable-communities/about/info-2018/aarp-livable-communities-preparing-for-an-aging-nation.html>

<sup>2</sup> U.S. Census Bureau, *The Next Four Decades: The Older Population of the United States*, (2010): <https://www.census.gov/prod/2010pubs/p25-1138.pdf>

<sup>3</sup> Nat'l Council on Aging, *Fact Sheet: Falls Prevention*, at 1, (2018) <https://www.ncoa.org/wp-content/uploads/Falls-Prevention-Fact-Sheet-2018.pdf>

<sup>4</sup> *Older Adult Falls Cost About \$50 Billion a Year* (March 13, 2018) <https://www.aarp.org/health/conditions-treatments/info-2018/medicare-fall-costs-fd.html>

aged 65 and older, Medicare paid approximately \$28.9 billion, Medicaid \$8.7 billion and private and other payers \$12.0 billion.<sup>5</sup> Overall medical spending for fatal falls was estimated to be \$754 million.<sup>6</sup> As the population ages, and the need grows, effective prevention and early-detection technologies are becoming a necessity.<sup>7</sup>

On the other hand, 87 percent of adults age 65+ want to stay in their current home and community as they age. Among people age 50 to 64, 71 percent of people want to age in place. Consumer-directed, remote health-monitoring technology is required to make this a reality.<sup>8</sup>

By improving the continuity of care, home telehealth, such as consumer-directed remote home-monitoring technologies, has the potential to reduce crises that may lead to hospitalization. In so doing, telehealth can improve the experience of care for older adults and their family caregivers, and improve quality and outcomes of care. Overall, this helps improve quality of life for older adults and their family caregivers.<sup>9</sup> As the Centers for Medicare & Medicaid Service concluded in 2018, "[s]tudies note that remote patient monitoring has a positive impact on patients as it allows patients to share more live-time data with their providers and caregivers, which will lead to more tailored care and better health outcomes."<sup>10</sup> Home-monitoring technologies, such as those relevant to this waiver, are promising because their radar-like functionality ensures the intended user is not required to wear sensors, change their daily behaviors, or remember to engage the monitoring technology once initiated. This ease and convenience facilitates greater adoption and impact.

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<sup>5</sup> *Medical Costs of Fatal and Nonfatal Falls in Older Adults*, Curtis S. Florence PhD, Gwen Bergen PhD, Adam Atherly PhD, Elizabeth Burns MPH, Judy Stevens PhD, Cynthia Drake MA (March 7, 2018) <https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.15304>

<sup>6</sup> *Medical Costs of Fatal and Nonfatal Falls in Older Adults*, Curtis S. Florence PhD, Gwen Bergen PhD, Adam Atherly PhD, Elizabeth Burns MPH, Judy Stevens PhD, Cynthia Drake MA (March 7, 2018) <https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.15304>

<sup>7</sup> AARP, *Older Adult Falls Cost About \$50 Billion a Year* (March 13, 2018) <https://www.aarp.org/health/conditions-treatments/info-2018/medicare-fall-costs-fd.html>

<sup>8</sup> AARP, *What is Livable? Community Preferences of Older Adults*, (April 2014) <https://www.aarp.org/livable-communities/info-2014/aarp-ppi-survey-what-makes-a-community-livable.html>

<sup>9</sup> AARP, *Using Telehealth to Improve Home-Based Care for Older Adults and Family Caregivers* (May 2018) Winifred V. Quinn, Ellen O'Brien, and Gregg Springan <https://www.aarp.org/content/dam/aarp/ppi/2018/05/using-telehealth-to-improve-home-based-care-for-older-adults-and-family-caregivers.pdf>

<sup>10</sup> Centers for Medicare & Medicaid Service, *CMS finalizes calendar year 2019 and 2020 payment and policy changes for Home Health Agencies and Home Infusion Therapy Suppliers* (October 31, 2018) <https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-calendar-year-2019-and-2020-payment-and-policy-changes-home-health-agencies-and-home>

Accordingly, AARP supports innovation in tele-health services for older Americans to improve access and the quality of care, allow patients to remain safely in the community, and assist with care transitions from institutional to community settings.<sup>11</sup>

Respectfully submitted,

A handwritten signature in black ink, appearing to read "David Certner", with a long horizontal flourish extending to the right.

David Certner  
Legislative Counsel and Policy Director  
Government Affairs

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<sup>11</sup> AARP, *Policy Book 2019-2020*, <https://policybook.aarp.org/policy-book/health/reforming-delivery-health-care-services/health>